ATODA
Alcohol Tobacco & Other Drug Association ACT

Mr Thomas Emerson MLA
Chair, Standing Committee on Social Policy
ACT Legislative Assembly
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Submitted by:
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Dear Mr Emerson,

Re. Submission to the *Inquiry into men's suicide rates*

As the peak body representing the alcohol tobacco and other drug (ATOD) sector in the ACT, the Alcohol, Tobacco and Other Drug Association (ATODA) welcomes the opportunity to respond to the *Inquiry into men's suicide rates* (the Inquiry). Our response provides particular consideration of the use of alcohol and other drugs (AOD) and the use of alcohol, tobacco and other drug (ATOD) services in this context.

We value having a territory where health and wellbeing is prioritised and where health services aim to be inclusive and equitable across the population. ATODA recognises the need to consider the high rate of men's suicide through this Inquiry, and we appreciate the collaboration between the community, health sector and government to address this. Although there are many factors contributing to men's suicide rates, the use of AOD can be harmful to men's health and overall wellbeing and plays a role in increasing risk of suicide for men in the ACT. We are concerned about the intersection of AOD with men's mental health and suicidality and note the importance of this issue to ATOD services in Canberra and the region.

Our submission responds to the following Terms of Reference 1.a *Factors contributing to suicide rates, including engagement with medical and health services*; 1.b. *Factors contributing to suicide rates, including risk-taking behaviours, including alcohol and substance use disorders*; and 2. *Promotion of positive health behaviours among boys and men, including increased access to mental health services, socialisation opportunities, and emotional supports*.

ATODA appreciates the opportunity to provide a submission to this review and welcomes the opportunity to provide any additional information that may be required.

Yours sincerely,

Anita Mills
Chief Executive Officer

Key recommendations

ATODA recommends that:

- Men who experience harms from alcohol and other drugs (AOD) and men who access alcohol, tobacco and other drugs (ATOD) services be considered a priority in measures to address high rates of men's suicide in the ACT, and that this be reflected in:
    a) Increased resourcing to the ATOD sector to address men's broader mental health concerns, with a particular focus on responding to suicidality; and
    b) Efforts to reduce barriers to accessing health services for men experiencing co-occurring AOD use and mental health concerns.

1. The relationship between AOD, suicidality, and mental health

While the relationship between suicidality and AOD is complex and difficult to precisely measure, reducing the harms of AOD use may help address high rates of men's suicide in the ACT. Research has consistently identified AOD use as a significant contributor to deaths by suicide. Furthermore, the ACT's ATOD sector already has frequent engagement with men who are seeking therapeutic support for their relationship with AOD and are experiencing suicidality.

As observed across Australia, suicide rates for men are higher than the general population and this warrants particular concern for the mental health and wellbeing of men. This pattern is no different in the ACT. Male suicide rates are higher than the average rate for all suicides in the ACT. The AIHW found that 16.3 per 100,000 males in the ACT died by suicide compared to 11.5 per 100,000 people in the ACT.[3] The Australian Bureau of Statistics has observed that harmful substance use was a more common risk factor for men who died by suicide, compared to women, in 2023. In particular, males aged 25–44 years old were the most likely age group to have h armful substance use mentioned as a risk factor to their suicide, including chronic psychoactive substance use disorders for 29 percent of males in this age bracket, acute psychoactive substance use and intoxication for 25 percent, and acute alcohol use and intoxication for 22 percent.[2] Of all males who died by suicide, 19.6 percent had acute alcohol use and intoxication as a factor contributing to their death.[2]

The AIHW's National Drug Household Survey has found that men have historically used alcohol and other drugs (AOD) more than women. In the 2022–23 survey, it was found that men continue to have higher rates of harmful alcohol consumption.[4] That men tend to use AOD in higher numbers than women may go some way to explaining why higher rates of men die by suicides involving or in some way correlated with AOD use.

Notably, although AOD (or alcohol and substance use disorders) are referred to as 'risk-taking behaviours' in this Inquiry's Terms of Reference, they are much more than this definition. To view AOD use as merely a risk-taking behaviour obscures the various factors the contribute to use and dependence, overlooks the complex contributors to both AOD use and suicide, and fails to account for the overlapping issues, of which AOD use is just one, that may contribute to men's suicide. Both AOD harm and suicide occur in the intersection of individual, social, cultural and structural determinants.

The use of AOD, particularly alcohol, has long been an Australian method of socialising. It has also traditionally been a method of maintaining gendered notions of 'mateship', masculinity norms, and a way of achieving social connectedness.[5-7] Its multiplicity of meanings signifies that using AOD is not inherently harmful, but it can be used in

ways that are harmful to health and wellbeing. In this regard, expanding harm reduction, promoting alternative forms of male sociability, removing barriers to men accessing healthcare and actively minimising stigma and discrimination towards individuals who require support for their mental health or AOD use, are important approaches.

For a range of reasons, some of which are explored below, men are significantly less likely to seek support from healthcare professionals or others for their mental health. At the same time norms of masculinity in Australian society may place men at greater risk of social disconnection and loneliness.[7] Many people use AOD to help them cope with their mental health concerns or with feelings of loneliness.[1, 10] Additionally, people who use AOD may experience poorer mental health as a result of their substance use. AOD use can increase a person's impulsivity, impact cognition and self-regulation, and worsen detrimental coping behaviours, thereby contributing to suicidal thoughts and behaviour, particularly in those who face multiple overlapping risk factors.[1] Some sub-populations of men—including Aboriginal and Torres Strait Islander men; men who identify as gay, bisexual, transexual / transgender or intersex; men living in rural or remote regions; veterans; and men who have had contact with the custodial system—may be at greater risk of experiencing harms from AOD use and suicidality.[1, 11-13]

The intersection between AOD use and suicidality in men, makes it particularly important that men who experience harms from AOD use and men who access ATOD services are prioritised in efforts to address the issue of men's suicide in the ACT.

2. Support for men at risk of suicide through ATOD sector services

Given that AOD use is a risk factor for deaths by suicide, all men who require it should have equitable and easy access to ATOD services. Over their life course, men generally have fewer interactions with the health system compared to women, they usually display less help-seeking behaviours in relation to healthcare (especially mental health), and access health services less frequently than women. However, this notable gender healthcare gap is reversed when we consider who is seeking and accessing support from ATOD services. Men access ATOD treatment and harm reduction programs in the ACT more than women: 63 percent of ATOD service users were men in 2023-24.[14] This presents a particular opportunity for ATOD services to provide important screening and/or interventions for men who may be at risk of suicide. However, high demand for places within ATOD services means that current need cannot be met and the capacity of the ATOD workforce to respond to complex, co-occurring harms, including risk of suicide, may be limited.

Recent AIHW data finds that suicide was the second most common cause of death for men who accessed ATOD services in their last year of life (16 percent of male service users).[15] It is noteworthy that the men who are represented in these statistics have sought support from ATOD services at a difficult time in their lives, however this also indicates the complex care needs that ATOD service providers must navigate. ATODA's Service Users' Survey of Satisfaction, Outcomes and Experience (SUSOSE) has identified that of men who used ATOD services in 2023, 52.4 percent reported also accessing mental health services and 76.9 percent found that ATOD services met their mental health needs.[16] Although mental health does not directly correlate with suicidality, this data indicates that the ATOD sector is well versed in supporting service users with co-occurring mental health needs, which includes responding to suicidal distress and suicidal ideation. Accessing ATOD services can be a positive and protective factor that may address high rates of suicide and mental distress amongst men in the ACT. At the same time, there is a need to continually improve the capacity of ATOD organisations to support the complex and co-occurring health and wellbeing needs of men already accessing these services and ensure that services are available and accessible to those in the community whose needs are not currently being met.

As men's mental health and suicidality is already an issue of concern for ATOD services, organisations are generally well-prepared to respond to it. A majority (89 percent) of workers in ATOD services in the ACT agree that they can recognise and respond to co-occurring mental health and alcohol and drug (AOD) conditions, and 86 percent identified that they can manage the risks associated with substance use and mental health concerns, including risk of suicide. ATOD services frequently screen for mental health and suicide risks across their intake of service users, responding appropriately with referrals into other services such as mental health, housing, and other supports. Many ATOD workers also access relevant suicide prevention training and have a strong capacity to deliver interventions, noting that this capacity can be further strengthened. An example of strengthening capacity would be ensuring there is adequate resourcing for all ATOD frontline staff to receive suicide prevention education and training to better identify men at risk of suicide.

As well as supporting workers in existing programs to upskill to address suicidality amongst ATOD service users, specialised programs and targeted initiatives are required to address co-occurring suicidality and AOD use. The provision of such programs through ATOD sector services would ensure that men who use AOD have a safe place to receive healthcare that addresses their risk of suicide and their broader mental health concerns. The ATOD and Mental Health Alliance, supported by the ACT Government, is working towards systemic change and greater interface between the ATOD and mental health sectors, thereby increasing capacity to address co-occurring needs.

Developing the sector's capacity also includes implementing measures to ensure that worker wellbeing is supported following deaths by suicide of ATOD service users. The sector is facing increasingly complex and co-occurring cases within their service delivery and therefore, balancing the delivery of specialist ATOD services with the reality of service user complexity requires ongoing resourcing of the sector and continuous development of its capacity to manage and respond to co-occurring ATOD and mental health needs, including suicidality. As such, ATODA recommends that the ATOD sector in the ACT is supported to increase their capacity to implement best-practice responses to suicidality and is adequately resourced to continue to develop and deliver therapeutic programs that assist in addressing high rates of men's suicide.

3. Addressing barriers to accessing support

There are a number of barriers that men face in accessing timely and appropriate healthcare services. While women may have several key moments through the life course where they interact with a health professional (e.g. accessing prescription contraception or during pregnancy and childbirth), men do not necessarily have these same points of intersection. This factor, combined with certain narrow ideas about what constitutes appropriate masculinity can increase stigma and discrimination in relation to AOD and mental health concerns, and make it more likely that men fail to receive critical and potentially life-saving support for suicidality.

To improve access and outcomes for all service users, forms of stigma and discrimination that inhibit help-seeking need to be addressed at multiple levels including individual, service and system levels. A healthcare system that is non-stigmatising and non-discriminatory towards people experiencing AOD harms or suicidal distress can only be achieved and maintained in the context of a broader acceptance and implementation of harm reduction measures and a shift in the conversation about men's mental health and AOD use. ATODA recommends that any measures to combat men's suicide in the ACT, including actions to address co-occurring AOD use and suicidality, be developed with consideration of the impacts of stigma and discrimination and in consultation with men who have lived or living experience of AOD use and suicidality.

A rapid review of the literature on effective AOD interventions in suicide prevention finds that 'gatekeeper' awareness campaigns and greater education of GPs can be particularly effective interventions that target men and boys.[18] The involvement of a broad spectrum of community gatekeepers is particularly important where we know that men generally have less interactions with health services across their lifetime.[19, 20] Community 'gatekeeper' education would involve increasing the awareness of risk factors or signs for co-occurring AOD use with suicide risk among community leaders, doctors, nurses, pharmacists, police, and schoolteachers, for instance. GP education through lectures, education videos, interactive workshops, and collaborative events that improve screening for co-occurring AOD with mental health concerns and suicidality among the ACT's primary health networks.[19, 20] Introducing a greater number of touchpoints in community and health settings that screen for suicidality with co-occurring AOD use or dependence could be effective to reduce men's suicide rates in the ACT. Some of these touchpoints already exist in ATOD treatment and harm reduction services.

Where men are not accessing health services (and therefore may not ordinarily come into contact with 'gatekeepers'), the success of the ATOD sector in reaching vulnerable and hard-to-reach populations provides a model for successful healthcare interventions. A strength of the ACT's ATOD sector is its capacity to provide outreach services, meeting members of the community in the places that they live, work and socialise. Outreach programs such as the Chat to Pat van, outreach counselling and peer service BBQs are effective methods to reach people who would not otherwise necessarily access AOD treatment or harm reduction services. In some instances, these outreach programs are already providing holistic healthcare, including mental health interventions. The demand for outreach AOD services currently exceeds provision. ATODA recommends that outreach services that provide low-threshold, non-stigmatising healthcare, including ATOD services and mental health and suicide interventions, be sustainably resourced and that men who are at higher risk of suicide, including men experiencing AOD harms, be considered a target of future outreach programs.

References

1. Life in Mind. Suicide prevention: Populations disproportionately impacted by suicide: People with harmful use of alcohol and other drugs (AOD), https://lifeinmind.org.au/suicide-prevention/priority-populations/people-with-harmful-use-of-alcohol-and-other-drugs-aod (2025, accessed July 2025).
2. Australian Bureau of Statistics. Causes of Death, Australia: Risk factors for intentional self-harm deaths (Suicide) in Australia, https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023. (2023, accessed July 2025).
3. Australian Institute of Health & Welfare (AIHW). Data Table: National Mortality Database - Suicide (ICD-10 X60-X80, Y87.0), Table NMD S10, https://www.aihw.gov.au/suicide-self-harm-monitoring/resources/download-data-tables (2023, accessed July 2025).
4. Australian Institute of Health & Welfare (AIHW). *National Drug Strategy Household Survey 2022-2023. Drug Statistics Series.* . 2024. Australian Government.
5. The Men's Project and Flood M. *The Man Box: A Study on Being a Young Man in Australia*. 2018. Melbourne: Jesuit Social Services.
6. Lyons AC and Gough B. Masculinities, alcohol consumption and social networking. In: Lyons A, McCreanor T, Goodwin I, et al. (eds) *Youth Drinking Cultures in a Digital World*. London: Routledge, 2017.
7. Nordin T, Degerstedt F and Granholm Valmari E. A Scoping Review of Masculinity Norms and Their Interplay With Loneliness and Social Connectedness Among Men in Western Societies. *American Journal of Men's Health* 2024; 18. DOI: 10.1177/15579883241304585.
8. Mursa R, Patterson C and Halcomb E. Men's help-seeking and engagement with general practice: An integrative review. *Journal of Advanced Nursing* 2022; 78: 1938-1953. DOI: 10.1111/jan.15240.
9. Galdas P. Men, Masculinity and Help-seeking Behaviour. In: Broom A and Tovey P (eds) *Men's Health: Body, Identity and Social Context*. Sydney: John Wiley & Sons, 2009.
10. Ingram I, Kelly PJ, Deane FP, et al. Loneliness among people with substance use problems: A narrative systematic review. *Drug and alcohol review* 2020; 39: 447-482. DOI: 10.1111/dar.13064.

11. Galvez-Sánchez C, Camacho-Ruiz J, Castelli L, et al. Exploring the Role of Masculinity in Male Suicide: A Systematic Review. *Psychiatry International* 2025; 6. DOI: 10.3390/psychiatryint6010002.
12. Na PJ, Nichter B, Hill ML, et al. Severity of substance use as an indicator of suicide risk among U.S. military veterans. *Addictive Behaviors* 2021; 122. DOI: 10.1016/j.addbeh.2021.107035.
13. Gates M, Turney A, Ferguson E, et al. Associations among Substance Use, Mental Health Disorders, and Self-Harm in a Prison Population: Examining Group Risk for Suicide Attempt. *International Journal of Environmental Research and Public Health* 2017; 14. DOI: 10.3390/ijerph14030317.
14. Australian Institute of Health & Welfare (AIHW). Alcohol and other drug treatment services in Australia annual report. Canberra (online): AIHW, 2025.
15. Australian Institute of Health & Welfare (AIHW). *People who received specialist Alcohol and Other Drug Treatment Services in their last year of life*. 2025. Canberra (online): AIHW.
16. Alcohol Tobacco & Other Drug Association of ACT (ATODA). *Service Users' Satisfaction and Outcomes Satisfaction and Experience (SUSOSE) 2023: a survey of people accessing alcohol, tobacco and other drug services in the ACT*. 2025. ATODA.
17. ATODA. *ACT Alcohol, Tobacco and Other Drug Sector Workforce Profile 2024/25*. Forthcoming.
18. Suicide Prevention Australia and The Australian National University. *Closing the loop: youth suicide and care pathways*. 2022. Sydney (online).
19. Fisher A, Marel C, Morley K, et al. The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours. *Evidence check prepared for the National Suicide Prevention Task Force and commissioned through the Suicide Prevention Australia*. Sydney: The University of Sydney, 2020.
20. Struszczyk S, Galdas P and Tiffin P. Men and suicide prevention:a scoping review. *Journal of Mental Health* 2017; 28. DOI: 10.1080/09638237.2017.1370638.